

October 6, 2008

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED OCT 08 2008

SPRINGFIELD, ILLINOIS

RECEIVED

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OCT 0 8 2008

IDFPR DIVISION OF INSURANCE SPRINGFIELD

Gayle Neuman, Property and Casualty Compliance Unit Illinois Department of Insurance 320 West Washington Street Springfield, IL 62767-0001

RE:

THE MEDICAL PROTECTIVE COMPANY- NAIC #11843

COMPANY FILE NO: 08-IL-117 - F

**COMPANY FEIN NO: 35-0506406 ILLINOIS DENTISTS** 

OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS

Pitc/ RULES:

Agaregate Credit Rule Botulinum Toxin and Dermal Fillers Rating Rule Dental Board Examination Rule Dental Facility Classification Plan Membership Association Credit Rule Moonlighting Rating Rule New to Company Credit Rule

FILED

OCT 0 8 2008

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

FORMS:

E590; 08/08 edt - Botulinum Toxin and Dermal Fillers Exclusion E591; 08/08 edt Botulinum Toxin and Dermal Fillers Exclusion

Dental Loss Information -Supp-00, 06/01/08 edt - Dental Loss Information Supplement

DDS-INDSF-IL, 10/08 edt - Medical Protective Short Form Individual Application DDS-ENTSF-IL; 10/08 edt - Medical Protective Short Form Entity Application

PROPOSED EFFECTIVE DATE: October 8, 2008

FILING PROVISION: FILE AND USE

Dear Ms. Neuman:

The Medical Protective Company hereby submits for your review and consideration the above-captioned rule and form filing applicable to its Illinois Dentists programs. The company requests October 8, 2008, as the effective date for this submission.

Please find enclosed the rule and form manual pages, required filing forms, actuarial certification, explanation grids of the forms and rules being filed and a self-addressed stamped envelope. Upon completion of your review, would you please stamp the duplicate copy of this submission and return it to us in the envelope provided.

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Sincerely,

Melisia Cohu

Melissa Coker, Paralegal The Medical Protective Company 5814 Reed Road Fort Wayne, IN 46835-3568 (800)-348-4669, ext. 6838 (260)-486-0733 (fax) melissa.millican@medpro.com

Enclosure(s)

Medical Protective is a member of the Berkshire Hathaway group of businesses

Fort Wayne, IN 46835-3568 800-4MEDPRO

f 800-398-6726

www.medpro.com

RUL

5814 Reed Road

#### Neuman, Gayle

From:

Millican, Melissa [Melissa.Millican@medpro.com]

Sent:

Wednesday, June 29, 2011 7:07 AM

To:

Neuman, Gayle

Subject:

RE: Medical Protective - Filing #08-IL-117R

Hi Ms. Neuman,

Yes, we wish to keep the effective date of October 8, 2008 for the filing.

Thank you, Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Tuesday, June 28, 2011 4:27 PM

To: Millican, Melissa

Subject: Medical Protective - Filing #08-IL-117R

Ms. Millican,

The Department of Insurance completed its review of the filing referenced above on June 27, 2011. Originally, Medical Protective requested the filing be effective October 8, 2008. Was the filing put into effect on October 8, 2008 or do you wish to have a different effective date?

Your prompt response is appreciated.

### Gayle Neuman

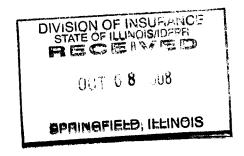
Illinois Department of Insurance Property & Casualty Compliance (217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: <a href="mailto:gayle.neuman@illinois.gov">GAYLE.NEUMAN@ILLINOIS.GOV</a>.

## SUMMARY SHEET

Change in Compar	y's premium or rate leve	I produced by rate	revision effective		0.0%
	(1)	(2) Annual P			(3) Percent
Cov	<u>rerage</u>	<u>Volume (l</u>	llinois)*	<u>C</u>	Change (+ or -)**
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	ssenger Commercial				A CANADA
3. Liability Other					
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7. Surety					
8. Boiler and Mac	ninery	<u> </u>	<del></del>		
<ol> <li>Fire</li> <li>Extended Cove</li> </ol>					
11. Inland Marine					
12. Homeowners					
13. Commercial M	ulti-Peril				
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INU					
Brief description of	filing. (If filing follows rat	es of an advisory	organization, speci	fy organization):	
Independent rule	revisions - Revise New	to Company Ra	tina Rule. Agareas	ate Credit Rule.	Membership Association
Rating Rule, Denta	al Board Rating Rule - A	dd Botox Rating	Rule, Dental Facilit	y Classification	Plan, Moonlighting Rating
Rule.					
-					
*Adjusted to reflect	all prior rate changes.				
**Change in Comp	any's premium level which	ch will result from	application of new r	rates.	
			The	Medical Protecti	ve Company
			1110	Name of Comp	
				. B.4:11:	Dorologo
			Melissa	<u>a Millican -</u> Official – Tit	<u>Paralegal</u>
				Omolai - III	••



## ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Keith Barnes, FCAS MAAA, a duly author am authorized to certify on behalf of the Corbased on sound actuarial principles and are not that I am knowledgeable of the laws, regulating the subject of this filing.	mpany making this finct inconsistent with t	ling that the company's rates are he company's experience, and
I, Keith Barnes, FCAS, MAAA, a duly author Company am authorized to certify on beh filing that the company's rates are based on some the company's experience, and that I am known applicable to the policy rates that are the sub	alf of <u>The Medical Pround</u> ound actuarial principuled on the law	rotective Company making this oles and are not inconsistent with
Signature and Title of Authorized Insurance	Company Officer	Date
Signature, Title and Designation of Authoriz	ed Actuary	Date
Insurance Company FEIN 35-0506406  Insurer's Address 5814 Reed Road	Filing Number _	08-1L-117
City Fort Wayne	State <u>IN</u>	Zip Code_ <u>46835</u>
Contact Person's: Melissa Millican -Name and E-mail Melissa.millican@medpr	ro.com	
-Direct Telephone and Fax Number_ <u>Direct:</u>	260-486-0838; Fax:	260-486-0733

#### Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]

**Sent:** Tuesday, June 09, 2009 2:53 PM

To: Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

#### Ms. Neuman,

I apologize about this filing, it has been troublesome since we filed it. Yes, if we can add the Botulinum Toxin and Dermal Fillers Rating Rule back to the filing. If we can keep the original effective date of the filing as 10/08/08, since you cannot have two different effective dates and you did not receive the additional information about the request for a 1/1/2009 effective date accordingly. Thank you for taking the time to review the filing with me, after the back and forths we've had, I just wanted to make sure our files showed the same information.

Please let me know if you should need anything additional.

Thank you, Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Tuesday, June 09, 2009 2:59 PM

To: Millican, Melissa

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

I don't show anything in the file indicating the request for the different effective date for the Botulinum Toxin and Dermal Fillers Rating Rule. I could not have two different effective dates for information in the same rate/rule filing. Do you wish to add this part back to the filing? What effective date do you want for the entire filing?

Gayle Neuman Department of Insurance

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]

Sent: Tuesday, June 09, 2009 1:54 PM

To: Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Neuman.

Yes, the rest of the filing was supposed to remain at 10/8/08. Just to confirm, did you not receive the information for the Botulinum Toxin and Dermal Fillers Rating Rule to be effective 1/1/09 then? If not, would we be able to include it back in the original filing, but modify the effective date just for that one rule? Please let me know if you did not receive the change in effective date piece?

Also, I have confirmed that the Dental Board Coverage rule is only for the Occurrence program, because the limited exposure of the Dental Board Coverage.

Please let me know if you should need anything additional.

Thank you, Melissa From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Tuesday, June 09, 2009 2:20 PM

To: Millican, Melissa

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

I can change the effective date of the form filing. In regard to the rate/rule filing, in an e-mail dated 10/17/08 Medical Protective withdrew the Botulinum Toxin and Dermal Fillers Rating Rule. Therefore, do you wish the remaining part of the rate/rule filing still be filed as of 10/8/08?

I will await your confirmation on the Dental Board Examination Rule.

Gayle Neuman Department of Insurance

**From:** Millican, Melissa [mailto:Melissa.Millican@medpro.com]

**Sent:** Tuesday, June 09, 2009 12:21 PM

To: Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Hi Ms. Neuman,

Just spending some time with the filing, I just wanted to make sure since the back and forth on the filings, that we reflect the same information for the filing. Since our original filing last October, we have had delays in system implementation and wanted to see if we could revise the effective dates accordingly? I was not sure how the Department handled change in effective dates? So I wanted to check with you as the original filing was submitted with an effective date of 10/8/08.

filing in relation to the rules 08-IL-117-R RULES: requested effective date 10/8/08

Aggregate Credit Rule

Botulinum Toxin and Dermal Fillers Rating Rule (modified effective date to January 1, 2009)

Dental Board Examination Rule
Dental Facility Classification Plan
Membership Association Credit Rule
Moonlighting Rating Rule
New to Company Credit Rule

corresponding forms filing 08-IL-117-F

FORMS: requested effective date 10/8/08

E590; 08/08 edt - Botulinum Toxin and Dermal Fillers Exclusion (modified effective date to May 15,

2009)

E591; 08/08 edt Botulinum Toxin and Dermal Fillers Exclusion (modified effective date to May 15,

2009)

Dental Loss Information –Supp-00; 06/01/08 edt – Dental Loss Information Supplement DDS-INDSF-IL; 10/08 edt – Medical Protective Short Form Individual Application DDS-ENTSF-IL; 10/08 edt – Medical Protective Short Form Entity Application

I am in the process of checking on the Dental Board Examination Rule, I was showing it was only for the Occurrence program, but I am confirming and will respond before the end of the day.

Thank you for your time, Melissa

**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

**Sent:** Tuesday, June 09, 2009 12:16 PM

To: Millican, Melissa

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

Thank you for your response. I don't know why I didn't get it, but we experience that problem here every so often. I was just doing a final review of the filing and noticed I don't have a Claims-Made version of the Dental Board Examination Rule in this submission or the return copy. I do have the occurrence version. Please forward that so that I may finish my review.

Gayle Neuman Department of Insurance

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]

**Sent:** Tuesday, June 09, 2009 9:44 AM

**To:** Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Neuman,

I apologize, I am not sure why the email did not reach you, please find the response attached.

Please let me know if you should need anything additional.

Thank you, Melissa

From: Millican, Melissa

**Sent:** Tuesday, June 09, 2009 10:40 AM

To: 'Neuman, Gayle'

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Neuman.

I sent our response last week, let me find the email and I will re-send.

Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

**Sent:** Tuesday, June 09, 2009 9:13 AM

To: Millican, Melissa

**Subject:** FW: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

As I have not received a response nor any type of inquiry about this filing, do you wish to withdraw this filing? Unfortunately, the issues with this filing are holding up four subsequent Medical Protective filings.

YOUR IMMEDICATE ATTENTION IS REQUESTED.

Gayle Neuman

Department of Insurance

From: Neuman, Gayle

Sent: Thursday, May 14, 2009 1:00 PM

To: 'Millican, Melissa'

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

I did not received a response to the attached e-mails. Please advise of the status of your response.

Gayle Neuman Division of Insurance

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]

Sent: Tuesday, May 05, 2009 11:06 AM

To: Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Neuman,

I apologize, I do need more time, I thought we had responded to the item you questioned and was confirming with our Product Manager. She is currently out of the office today. I should be able to get back to you by Friday of this week, 5/8.

Thanks, Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

**Sent:** Tuesday, May 05, 2009 11:48 AM

To: Millican, Melissa

Subject: FW: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

Please advise if you received this e-mail. If you need more time to prepare your response, please let me know.

Gayle Neuman

Division of Insurance

From: Neuman, Gayle

**Sent:** Tuesday, April 28, 2009 8:19 AM

To: 'Millican, Melissa'

Subject: FW: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

I don't see any response to this e-mail in the file. Your immediate attention is requested.

Gayle Neuman Division of Insurance

From: Neuman, Gayle

Sent: Tuesday, February 03, 2009 1:46 PM

To: 'Millican, Melissa'

Subject: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

We are in receipt of the above referenced filing submitted via your letter dated October 6, 2008. Please address the following:

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used? This information is required to be submitted with every medical malpractice filing.

- 2. On the Aggregate Credit Rule (Occurrence and Claims-Made), this is listed as a new rule. Why does it have a 03/01/05 edition date when other new rules in this filing have a 01/01/08 edition date? Additionally, I am unclear as to why changed rules in the same filing have an edition of 07/01/08 and 10/01/08. Please explain.
- 3. The new aggregate limit of all credits is 50% at the same time you are adding a 75% credit for moonlighting? Does the aggregate limit not affect the moonlighting credit? Please explain.

We request receipt of your response by no later than February 13, 2009.

Gayle Neuman Property & Casualty Compliance, Division of Insurance Illinois Department of Financial & Professional Regulation (217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<a href="http://www.idfpr.com/">http://www.idfpr.com/</a>) by clicking on: Insurance; Industry; Regulatory; IS3

Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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**Subject:** Medical Protective Co - Filing #08-IL-117-R - Botox Rules

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used? This information is required to be submitted with every medical malpractice filing.

#### The Company reports statistically to ISO.

2. On the Aggregate Credit Rule (Occurrence and Claims-Made), this is listed as a new rule. Why does it have a 03/01/05 edition date when other new rules in this filing have a 01/01/08 edition date? Additionally, I am unclear as to why changed rules in the same filing have an edition of 07/01/08 and 10/01/08. Please explain.

After filing these rules on a CW basis, it was noted that the edition date for the Aggregate Credit Rule was not updated to be consistent with those within the filing (ending with a 2008 year). As a result, we have modified the rule to have a 1/1/08 edition date for your ease in determining versioning. The edition date of the rule is an internal identifier which is used for versioning control only, and does not indicate a proposed effective date. Additionally, per our response to your questions contained in DOI 08-IL-118, we are revising the Aggregate Credit Rule to include the reference that the New to Practice Credit Rule is not applicable to the Aggregate Credit.

3. The new aggregate limit of all credits is 50% at the same time you are adding a 75% credit for moonlighting? Does the aggregate limit not affect the moonlighting credit? Please explain.

This is correct. The proposed Aggregate Credit Rule includes reference that the rule is not applicable to the Moonlighting Credit Rule. As the exposure for a moonlighting dentist is significantly reduced compared to a full-time dentist, the 75% credit was selected and not subject to limitations as outlined in the Aggregate Credit Rule.

#### Neuman, Gayle

From: Neuman, Gayle

**Sent:** Tuesday, June 02, 2009 1:49 PM

To: 'Millican, Melissa'

Subject: RE: The Medical Protective Company's Nurse Practitioner and Physician Assistants filings

Ms. Millican,

I did receive the two filings you inquired about. However, because I am still waiting for your response to filing 08-IL-117-R, I am unable to start a review of those filings. Additionally, I cannot route filings #08-IL-119 or #08-IL-118 until filing 08-IL-117-R is addressed. Your prompt attention is appreciated.

Gayle Neuman Department of Insurance

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]

**Sent:** Tuesday, June 02, 2009 1:43 PM

To: Neuman, Gayle

Subject: The Medical Protective Company's Nurse Practitioner and Physician Assistants filings

#### Hi Ms. Neuman.

I wanted to check to make sure that you received our Nurse Practitioner filing and our Physician Assistants filing, we submitted these filings to your Department in March. The rates and rules should have been received on or about March 13th and the forms should have been received on or about March 26th. If you can confirm receipt of the filings, I understand you may not have reviewed the filings at this time, I just wanted to make sure the Department has received everything to date.

Thank you for your time, Melissa

Melissa Millican, Paralegal Legal Department

The Medical Protective Company 5814 Reed Road Fort Wayne, IN 46835

Phone: 260-486-0838 Fax: 260-486-0733

Email: melissa.millican@medpro.com web: www.medicalprotective.com

PLEASE NOTE NEW EMAIL ADDRESS

#### Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]

**Sent:** Monday, April 27, 2009 2:34 PM

To: Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Yes, that is correct, sorry I was not more specific in my email. Please let me know if you need anything additional.

Thanks, Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Monday, April 27, 2009 3:31 PM

To: Millican, Melissa

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

You are referring to the State Rate pages??? GM-IV-CW-1 through 14 and/or SR-IL-IV-1 through 18? As stated, do you also with to withdraw these pages then from filing #08-IL-118?

Gayle Neuman

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]

**Sent:** Monday, April 27, 2009 2:17 PM

To: Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Neuman,

I am sorry for any inconvenience this has caused. At this time, we would like to withdraw the manual pages mentioned from the filing (08-IL-117R) and they will be resubmitted at a later time. I will send a separate withdrawal notice regarding the other filings if applicable.

Thank you, Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Monday, April 27, 2009 3:02 PM

To: Millican, Melissa

**Subject:** RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

The State Rate pages have to be changed to match the information in the rest of the manual — or be withdrawn. And it appears by filing #08-IL-118 (submitted after this filing) that you do still plan on using those pages. This is not expediting the approval process in any way.

Your prompt attention is appreciated. The resolution of this filing is holding up filings #08-IL-119 and #08-IL-118.

Gayle Neuman

#### Division of Insurance

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]

Sent: Monday, February 09, 2009 12:58 PM

To: Neuman, Gayle

Subject: RE: Medical Protective Co - Filing #08-IL-117-R

Ms. Neuman.

The Company does not currently write Dentists under the Comprehensive Coverage for Healthcare Providers in Illinois. As a result, the Company elected to omit these pages from the filing in hopes of expediting the approval process. We will, for manual consistency purposes, update the Comprehensive Coverage for Healthcare Providers in an upcoming filing.

Please let me know if you should need anything additional.

Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Tuesday, February 03, 2009 3:04 PM

To: Millican, Melissa

Subject: FW: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

Additionally, with all these changes, no changes to the State Rates Pages were made and it appears there should be a few changes.

Again, we request receipt of your response by no later than February 13, 2009.

Gayle Neuman Division of Insurance

#### Neuman, Gayle

From:

Neuman, Gayle

Sent:

Tuesday, February 03, 2009 2:04 PM

To:

'Millican, Melissa'

Subject: FW: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

Additionally, with all these changes, no changes to the State Rates Pages were made and it appears there should be a few changes.

Again, we request receipt of your response by no later than February 13, 2009.

Gayle Neuman Division of Insurance

From: Neuman, Gayle

Sent: Tuesday, February 03, 2009 1:46 PM

To: 'Millican, Melissa'

Subject: Medical Protective Co - Filing #08-IL-117-R

Ms. Millican,

We are in receipt of the above referenced filing submitted via your letter dated October 6, 2008. Please address the following:

- 1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used? This information is required to be submitted with every medical malpractice filing.
- 2. On the Aggregate Credit Rule (Occurrence and Claims-Made), this is listed as a new rule. Why does it have a 03/01/05 edition date when other new rules in this filing have a 01/01/08 edition date? Additionally, I am unclear as to why changed rules in the same filing have an edition of 07/01/08 and 10/01/08. Please explain.
- 3. The new aggregate limit of all credits is 50% at the same time you are adding a 75% credit for moonlighting? Does the aggregate limit not affect the moonlighting credit? Please explain.

We request receipt of your response by no later than February 13, 2009.

Gayle Neuman

Property & Casualty Compliance, Division of Insurance Illinois Department of Financial & Professional Regulation (217) 524-6497

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Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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#### Neuman, Gayle

From:

Millican, Melissa [Melissa.Millican@medpro.com]

Sent:

Friday, October 17, 2008 11:10 AM

To:

Neuman, Gayle

Subject:

RE: Form Filing #08-IL-117-F

Importance: High

Hi, Ms. Neuman,

After further review of the filing, at this time the Company requests to withdraw from the 08-IL-117 and 08-IL-117F filings the following rules and forms:

Botulinum Toxin and Dermal Fillers Rating Rule

E590; 08/08 edt - Botulinum Toxin and Dermal Fillers Exclusion

E591; 08/08 edt Botulinum Toxin and Dermal Fillers Exclusion

We will re-submit the above items in a later submission. I apologize for any inconvenience.

Thank you for you time and for your review of our filing.

Sincerely,

Melissa Coker Millican

Melissa Millican, Paralegal Legal Department

The Medical Protective Company 5814 Reed Road Fort Wayne, IN 46835

Phone: 260-486-0838 Fax:

260-486-0733

Email: melissa.millican@medpro.com web: www.medicalprotective.com

**PLEASE NOTE NEW EMAIL ADDRESS** 

## Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

#### **ILLINOIS**

#### **DENTISTS**

#### **OCCURRENCE PROGRAM**

#### DENTAL BOARD EXAMINATION RULE

COVERAGE IS AVAILABLE TO DENTAL STUDENTS, ON A SHORT-TERM BASIS, FOR SERVICES RENDERED BY THE STUDENT DURING A DENTAL EXTERNSHIP PRIOR TO GRADUATION AND/OR DURING THE DENTAL BOARD EXAM PURSUANT TO THE STUDENT'S PROFESSIONAL LICENSING.

THE COVERAGE WILL BE PROVIDED ON A \$1,000,000 PER OCCURRENCE AND \$3,000,000 ANNUAL AGGREGATE LIMITS BASIS FOR NO ADDITIONAL CHARGE, A PREMIUM OF \$25, AND IS NOT SUBJECT TO THE MINIMUM PREMIUM RULE. COVERAGE WILL ONLY BE AVAILABLE TO DENTAL STUDENTS WHO MEET THE COMPANY'S GUIDELINES FOR ACCEPTANCE. THE PREMIUM SHALL BE APPLIED TO THE INSURED'S FIRST ANNUAL POLICY IF COVERAGE IS PURCHASED WITHIN ONE YEAR OF THE SUCCESSFUL COMPLETION OF THE DENTAL BOARD EXAM.

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Edition Date: 01/01/08 DBE-CW

## Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

#### **ILLINOIS**

#### **DENTISTS**

#### STANDARD CLAIMS MADE PROGRAM

#### MEMBERSHIP ASSOCIATION CREDIT RULE

THE UNIQUE CHARACTERISTICS OF A DENTAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSUREDS.

A PREMIUM CREDIT OF UP TO 25% 5% SHALL BE GIVEN TO THOSE INSUREDS WHOSE GROUP IS A MEMBER OF A QUALIFIED ASSOCIATION AS DETERMINED BY THE COMPANY'S UNDERWRITING GUIDELINES.

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Edition Date: 07/01/08 MAC-CW

## Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

#### **ILLINOIS**

#### **DENTISTS**

#### **OCCURRENCE PROGRAM**

#### MEMBERSHIP ASSOCIATION CREDIT RULE

THE UNIQUE CHARACTERISTICS OF A DENTAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSUREDS.

A PREMIUM CREDIT OF UP TO 25% 5% SHALL BE GIVEN TO THOSE INSUREDS WHOSE GROUP IS A MEMBER OF A QUALIFIED ASSOCIATION AS DETERMINED BY THE COMPANY'S UNDERWRITING GUIDELINES.

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## Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

#### **ILLINOIS**

#### **DENTISTS**

#### OCCURRENCE PROGRAM

#### **NEW TO COMPANY CREDIT**

AN INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

- A. NEVER INSURED WITH THE COMPANY, OR
- B. PREVIOUSLY INSURED WITH COMPANY MORE THAN 3 YEARS AGO.

CREDITS IN THE AMOUNT OF 25% 35% OF FILED MANUAL RATES SHALL APPLY TO THE INSUREDS FIRST, SECOND AND THIRD CONSECUTIVE YEARS OF COVERAGE. ALL OTHER CREDITS WILL APPLY TO THE REDUCED RATE.

THIS CREDIT IS NOT SUBJECT TO THE AGGREGATE CREDIT RULE AND SUBJECT TO UNDERWRITING GUIDELINES. ONLY ONE REQUEST FOR THIS THREE YEAR CREDIT PROGRAM WILL BE GRANTED TO AN ELIGIBLE INSURED DURING ANY PERIOD OF TIME INSURED BY THE COMPANY.

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## Medical Protective Company

Fort Wayne, Indiana 46835

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#### STANDARD CLAIMS MADE PROGRAM

#### **NEW TO COMPANY CREDIT**

AN INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

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## The Medical Protective Company ILLINOIS Dentists Program Rule Revision

			ľ	Ī
Title	New or Revised	Description	Occ Scm	Scm
Aggregate Credit Rule	New	Limits total credit application to 50%	×	×
		Rating plan for insureds who perform botox procedures, which		
Botox Procedure Rating Rule	New	is not contemplated in the standard rate.	×	×
Dental Board Examination Rule	Revised	Revising - Remove \$25 charge for coverage	×	
		Introducing for insureds who practice in non-standard dental		
Dental Facility Classification Plan	New	facilities	×	×
Membership Association Credit Rule	Revised	Revising credit to 25%	×	
		Provides a credit to insureds practicing part time while in		
Moonlighting Rating Rule	New	residency or fellowship program.	×	×
		Revise credit as a result in the reduction of company		
		expenses. There is no substantive rate impact associated with		
New to Company Rating Rule	Revised	this revision.	×	×

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#### AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, MEMBERSHIP ASSOCIATION, MOONLIGHTING OR DEDUCTIBLE CREDITS.

## WITHDRAWN

JUN 09 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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## Medical Protective Company

#### Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

#### ILLINOIS

#### **DENTISTS**

#### **OCCURRENCE PROGRAM**

### **BOTULINUM TOXIN AND DERMAL FILLERS RATING**

#### RULE

THE FOLLOWING DEBIT STRUCTURE SHALL APPLY IN ADDITION TO THE EXISTING FILED RATE IN RECOGNITION OF THE UNIQUE RISK CHARACTERISTICS OF DENTISTS, OR GROUPS OF DENTISTS, WHO ADMINISTER BOTULINUM TOXIN AND DERMAL FILLERS.

DEBIT A	DEBIT B	DEBIT C
50%	40%	25%

DEBIT A: GENERAL DENTISTS, ORTHODONTISTS, PEDIATRIC DENTISTS, PERIODONTISTS, PROSTHODONTISTS, ENDODONTISTS, OR HOST DENTISTS UNLESS CLASSIFIED UNDER DEBIT B & C.

DEBIT B: ANY DENTISTS PERFORMING MINOR SURGICAL PROCEDURES OR IMPLANTS AND ORAL PATHOLOGISTS.

DEBIT C: ANY DENTIST PERFORMING MAJOR SURGICAL PROCEDURES.

APPROVAL FOR PARTICIPATION IN THIS RATING RULE IS SUBJECT TO UNDERWRITING GUIDELINES.

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## Medical Protective Company

## Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

#### ILLINOIS

#### **DENTISTS**

#### STANDARD CLAIMS MADE PROGRAM

#### **BOTULINUM TOXIN AND DERMAL FILLERS RATING**

#### RULE

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DEBIT A	DEBIT B	<b>ДЕВІТ С</b>
50%	40%	25%

DEBIT A: GENERAL DENTISTS, ORTHODONTISTS, PEDIATRIC DENTISTS, PERIODONTISTS, PROSTHODONTISTS, ENDODONTISTS, OR HOST DENTISTS UNLESS CLASSIFIED UNDER DEBIT B & C.

DEBIT B: ANY DENTISTS PERFORMING MINOR SURGICAL PROCEDURES OR IMPLANTS AND ORAL PATHOLOGISTS.

DEBIT C: ANY DENTIST PERFORMING MAJOR SURGICAL PROCEDURES.

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#### **ILLINOIS**

#### **DENTISTS**

#### **OCCURRENCE PROGRAM**

#### **DENTAL BOARD EXAMINATION RULE**

COVERAGE IS AVAILABLE TO DENTAL STUDENTS, ON A SHORT-TERM BASIS, FOR SERVICES RENDERED BY THE STUDENT DURING A DENTAL EXTERNSHIP PRIOR TO GRADUATION AND/OR DURING THE DENTAL BOARD EXAM PURSUANT TO THE STUDENT'S PROFESSIONAL LICENSING.

THE COVERAGE WILL BE PROVIDED ON A \$1,000,000 PER OCCURRENCE AND \$3,000,000 ANNUAL AGGREGATE LIMITS BASIS FOR NO ADDITIONAL CHARGE, AND IS NOT SUBJECT TO THE MINIMUM PREMIUM RULE. COVERAGE WILL ONLY BE AVAILABLE TO DENTAL STUDENTS WHO MEET THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

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#### **ILLINOIS**

#### **DENTISTS**

#### OCCURRENCE PROGRAM

#### DENTAL FACILITY CLASSIFICATION PLAN

A 60% DEBIT SHALL APPLY IN ADDITION TO THE EXISTING FILED RATE FOR INSUREDS, OR GROUPS OF INSUREDS, WHO PRACTICE IN OR WITH DENTAL FACILITIES AS SUCH NON-STANDARD DENTAL PRACTICES ARE NOT CONTEMPLATED IN THE FILED RATE STRUCTURE.

PLACEMENT INTO THE DENTAL FACILITY CLASSIFICATION PLAN WILL BE DETERMINED BY THE COMPANY'S UNDERWRITING RULES AND GUIDELINES.



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## STANDARD CLAIMS MADE PROGRAM DENTAL FACILITY CLASSIFICATION PLAN

A 60% DEBIT SHALL APPLY IN ADDITION TO THE EXISTING FILED RATE FOR INSUREDS, OR GROUPS OF INSUREDS, WHO PRACTICE IN OR WITH DENTAL FACILITIES AS SUCH NON-STANDARD DENTAL PRACTICES ARE NOT CONTEMPLATED IN THE FILED RATE STRUCTURE.

PLACEMENT INTO THE DENTAL FACILITY CLASSIFICATION PLAN WILL BE DETERMINED BY THE COMPANY'S UNDERWRITING RULES AND GUIDELINES.

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#### **MEMBERSHIP ASSOCIATION CREDIT RULE**

THE UNIQUE CHARACTERISTICS OF A DENTAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSUREDS.

A PREMIUM CREDIT OF UP TO 25% SHALL BE GIVEN TO THOSE INSUREDS WHOSE GROUP IS A MEMBER OF A QUALIFIED ASSOCIATION AS DETERMINED BY THE COMPANY'S UNDERWRITING GUIDELINES.

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## Medical Protective Company

Fort Wayne, Indiana 46835

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## STANDARD CLAIMS MADE PROGRAM MEMBERSHIP ASSOCIATION CREDIT RULE

THE UNIQUE CHARACTERISTICS OF A DENTAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSUREDS.

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#### **OCCURRENCE PROGRAM**

#### MOONLIGHTING RATING RULE

COVERAGE IS AVAILABLE FOR INSUREDS PRACTICING PART TIME WHILE IN A RESIDENCY OR FELLOWSHIP PROGRAM CONDUCTED THRU ANY DENTAL SCHOOL OR HOSPITAL.

A CREDIT OF 75% WILL APPLY TO THE INSUREDS PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY WITH THIS RULE.

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#### **ILLINOIS**

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## STANDARD CLAIMS MADE PROGRAM

#### MOONLIGHTING RATING RULE

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A CREDIT OF 75% WILL APPLY TO THE INSUREDS PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY WITH THIS RULE.

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#### NEW TO COMPANY CREDIT

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A. NEVER INSURED WITH THE COMPANY, OR

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B. PREVIOUSLY INSURED WITH COMPANY MORE THAN 3 YEARS AGO.

CREDITS IN THE AMOUNT OF 35% OF FILED MANUAL RATES SHALL APPLY TO THE INSUREDS FIRST, SECOND AND THIRD CONSECUTIVE YEARS OF COVERAGE. ALL OTHER CREDITS WILL APPLY TO THE REDUCED RATE.

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STATE OF ILLINOIS
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